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ABSTRACT

This final report describes activities and accomplishments of a federally funded 3-year project in Delaware to improve programming and instructional/vocational opportunities available to students with deaf-blindness. The project expanded the capacity of the state-funded program for the deaf-blind to provide technical assistance and training for direct service providers (i.e., professional and paraprofessional staff and parents). A chart details specific accomplishments, outcomes, and impact in the areas of workshops/inservice trainings, technical assistance, needs assessment, family activities, and interagency collaboration. Overall, the project provided 141 home interventions in the form of training or consultation, 150 staff training sessions, 22 assessments/evaluations, 66 liaison incidents, 123 team meetings, and 21 interagency team meetings. The report has sections providing information on the project's purpose and objectives, underlying basis and factors related to service delivery, accomplishments, outcomes, impact, and evaluation. Appendices include evaluation results, surveys used by the project, cooperative interagency team information, and information on the summer institute planning and referral/service coordination. (DB)

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ED 390 226

FINAL REPORT

For Funding Under Services for Deaf-Blind Children and Youth

Federal Grant # HO 25A 00001

Technical Assistance to Service Providers for Deaf-Blind Children & Youth in Delaware

Submitted: December 1995

Delaware Program for the Deaf-Blind
and Delaware State Department
of Public Instruction

EC 304491

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TABLE OF CONTENTS

Grant #HO 25A 00001

	Abstract	1-2
I	Project Purpose and Objectives	3-4
II	Basis for the Project and Underlying Factors Related to Service Delivery	5-7
III	Accomplishments, Outcomes, and Impact	10-17
IV	Evaluation	19
V	Conclusion	20
	Further Information	21
	Assurance Statement	22
	Appendix	23

ABSTRACT

The Delaware Department of Public Instruction (DPI) was the official applicant for the federal funding (via CFDA # 84.025A) for this approved 36 month project (Grant #HO 25A 00001). The Delaware Program for the Deaf-Blind administered this federal Project; supervising project staff and conducting project activities. (The federal Project will be known within this text as "the Project". The state funded educational services will be referred to as "the Program".)

DPI has established and published guidelines and requirements for providing educational and related services to exceptional children, including those who are deaf-blind, in accordance with state and federal mandates. The Delaware Program for the Deaf-Blind is a statewide educational program providing and facilitating required services. The Program is managed by its Director and State Coordinator and is designed as a model for statewide interagency cooperation to maximize the delivery of services. The Program has been in existence as a state educational program since 1979 when state services to deaf-blind children (aged from birth to 21 years) were mandated and funding was appropriated.

There is no singular certification for a teacher of the deaf-blind in Delaware, instructional staff are certified in one or more areas of special education and are involved in additional training directly related to needs of deaf-blind students. Many staff also have qualifications in areas of regular education. Since its inception, the Delaware Program for the Deaf-Blind has delivered technical assistance through inservice training and consultation to staff, parents, and agencies working with deaf-blind children and youth.

The overall goal of this Project was to improve programming and instructional/vocational opportunities available for deaf-blind students in Delaware. The Project expanded the program's capacity to provide technical assistance and training for direct services providers, i.e. professional and paraprofessional staff, and parents. To do this, Project staff were employed; a Technical Resource Assistant (1 FTE/36 months), a Secretary (.75 FTE, Years 1; 1.00 FTE Years 2 and 3). The Technical Resource Assistant was responsible for delivering technical assistance to service providers at specific sites on a regular, periodic basis under the supervision of the State Coordinator and Director. Based on

proposed goals and objectives. Project staff and the State Coordinator designed extensive training activities related to staff, family, and students' needs. Inservice trainings and summer institutes were conducted for educational staff, agency personnel, and parents in 1993, 1994, and 1995. The secretary made vital contributions to this Project and its systematic operation through the promotion and maintenance of effective communication, preparation of materials, and documentation related to Project activities. Project training activities increased the number of competent and resourceful professionals, paraprofessionals and parents able to deal with the complexities of educating and rearing individuals with deaf-blindness.

An ever-increasing number of classrooms/schools/community settings throughout the state are serving students with deaf-blindness and have increased the demand for technical assistance from the Delaware Program for the Deaf-Blind. The Project resulted in substantial benefits to Delaware's children and youth who are deaf-blind, far beyond the actual monetary value of the funding received.

I. PROJECT PURPOSE AND OBJECTIVES

Three major objectives determined activities to achieve the overall purpose of the project. The purpose was to provide a statewide cadre of service providers and parents knowledgeable about deaf-blindness, thereby maximizing opportunities for growth and development in children who are deaf-blind.

PROJECT OBJECTIVES

1. Parents will be able to incorporate necessary adaptations so that (a) children are included in family life, (b) parents and significant others are able to cope with unusual parenting demands, and (c) parents are able to interface with service staff/agencies.
2. Agency personnel will (a) acquire and/or refine techniques necessary for serving individuals who have deaf-blindness, and (b) will know essential contacts for assistance and/or discussion related to specific service needs, activities and programming.
3. Program staff will augment and strengthen their abilities to provide direct instruction and support by (1) acquiring special techniques for teaching children with deaf-blindness, (b) recognizing and sharing a common base of knowledge, (c) enhancing skills necessary for cooperative team action, and (d) developing/refining ways to keep parents informed about and involved with programming.

In preparing for and providing activities to meet these objectives effectively, this project generated needs assessments and assembled information related to the state's Comprehensive System of Personnel Development (CSPD). This information was incorporated into state action by the Project Director who chairs the CSPD committee and the Program Director who is a standing member of that committee. Implementation of project activities conformed with the intent of the state's CSPD plan by providing the state with more skilled professionals able to fulfill the requirements of providing mandated services to children and youth who have deaf-blindness and their parents/families. These objectives were met through the following:

1. Systematic, periodic consultation and technical assistance were provided statewide to service providers (parents, agency professionals and paraprofessionals);
2. Parents/staff were given opportunities to participate in professional activities (e.g. workshops pertinent to specific child needs) to access educational information and provide opportunities for interaction on a professional and peer level;
3. Parents, family members and significant others (e.g. baby-sitters, day care providers, neighbors) were given opportunities to participate in workshops designed to meet identified needs;
4. Program staff assisted in the development of and participate in workshop(s) focused on parents' needs;
5. Workshops, based on topics identified through needs assessments were developed and implemented;
6. Needs assessments in the form of surveys were developed and sent to parents and program staff for input to assist with the identification of specific topics/activities for workshops in subsequent project periods.

See III, Page 10, for specific Accomplishments, Outcomes and Impact.

II. BASIS FOR THE PROJECT AND UNDERLYING FACTORS RELATED TO SERVICE DELIVERY

This Project (Grant #HO 25A 00001) was proposed and approved in 1992, based upon assessment of the existing service delivery system via the Delaware Program for the Deaf-Blind in cooperation with local school district services, and that system's ability to be responsive to the needs of Delaware's students (birth to 21 years) who are deaf-blind.

The Delaware Program for the Deaf-Blind has been in operation for more than fifteen years. It has acquired a solid reputation of service at all levels; student programming, teacher support and supervision, professional development, administrative cooperation, identification and sharing of resources, and parent involvement. Since the Program's inception, significant progress has been made in the delivery of services for children and youth who are deaf-blind.

Throughout the 1980's and into the 1990's the Program attempted to meet the significantly expanding demands in direct service and technical assistance. The time and expertise of available experienced Program staff were stretched beyond their ability to meet direct service needs while attempting to provide technical assistance to peers in the state. It was determined that despite extensive, mandated financial support at the state and local levels, federal assistance would be a essential factor in enabling the Program to continue to respond effectively to the demands for technical assistance. Such technical assistance was designed to have direct impact on the learning and development of students who are deaf-blind, and to alleviate the following factors which were evident on a statewide basis.

1) Personnel Preparation

2) Increased demands resulting from the LRE initiative.

3) Distribution of students and service providers.

Each of the factors above have presented obstacles, on numerous occasions, to the management of effective service delivery throughout the state. These factors and their impact are further described on the following pages.

1) Personnel Preparation

Relatively few training programs exist nationally (none in Delaware) which prepare teachers of the deaf-blind. Currently, there are only three teachers qualified as teachers of the deaf-blind in Delaware. In Delaware, certification requirements for a teacher of the deaf-blind do not exist in a single certificate. Generally, certifications in hearing impairment and visual impairment are required. This can be disconcerting for very competent teachers with certificates in mental retardation and severe handicaps, who may be working very effectively with a group of students with multiple disabilities including deaf-blindness. The exploration of various certification options or endorsements is an ongoing need.

The Delaware Program for Deaf-Blind already existed as a statewide educational service operation in conjunction with local school districts and various specialized agencies. This Project provided vital funding and presented a plan to maintain training opportunities for service providers. It also allowed for the development of more effective collaboration among agencies, particularly as related to moving into more inclusive settings and transition to adult support services.

2) Increased demands resulting from the LRE initiative.

The prevailing emphasis on inclusion and LRE has significantly increased the scope of the Program. More children who are deaf-blind are being served within their districts of residence rather than in a single special program site. Parents and professionals are seeking more natural environments for preschool aged children and infants. This increases home-based services or combines home and center-based services with parent involvement and training. In 1979, the Delaware Program for the Deaf-Blind provided services for students in six classrooms at five schools and an institution. In 1995, the number of students served by the Program was similar, but the number of classrooms had increased to more than 26. This pattern of expanding placements has continued. Students are now served in a variety of schools and classrooms (special, elementary, intermediate, high and vocational-technical) throughout the state. The resulting expansion of staff providing direct services/instruction for students who are deaf-blind has created substantial challenges in assuring delivery of adequate expertise, support and monitoring. Inservice training was and is a critical component. See Table I: Statewide Distribution of Students and Their Service Sites, Page 8.

In 1979, the students served by the Delaware Program for the Deaf-Blind ranged in age from four to sixteen years. In 1995, the current students ranged in age from less than two to twenty years, with a broad range of functioning which includes students who are also gifted. In the 1990s, referrals are often made in the first year of life. Each student has combined, but varied hearing and visual impairments with other disabilities/abilities and unique characteristics which require the cooperative efforts of an interdisciplinary team for the effective development and implementation of appropriate and functional programming. Creativity and openness in looking at this specialized instruction and learning are essential. This requires communication and sharing among Program staff and between staff and parents.

3) Distribution of students and service providers.

Students are located at different schools throughout the state (See Table I). This minimizes Program staff contact with other professionals providing similar services. The distribution also limits parent interaction and parent-to-parent support. The State Coordinator and the Technical Assistant allocate substantial time for travel to provide essential technical assistance for all service providers and parents. This Project provided opportunities for on-site visits as sites increased as well as training that could provide networking and social interaction for staff, and parents.

In general, a limited number of staff with expertise and knowledge related to deaf-blindness is available within the state. These "experts" are already employed full or part-time via state/local funding. There has been insufficient funding to permit the systematic use of such Program staff for peer training without detracting from direct service to the students. Therefore, the Federal financial support of additional specialists (Technical Resource Assistant, and Secretary) was definitely needed to maximize technical assistance within the state while maintaining mandated essential direct services through state/local monies.

STATEWIDE DISTRIBUTION OF STUDENTS AND THEIR SERVICE SITES
Table # 1

School District	School	Number of Students 1993	1994	1995	Program Overview
Christina	Sterck	11	9	10	Serving students who are deaf and hard of hearing, including parent/infant homebased programming. Situated on same site as a regular elem. (K-3) and middle (7-8) school with access by hallway. Extensive main-streaming program at all levels through high school within the local and vocational-technical school districts.
	Newark High	1	1	-	Serving students who have moderate to severe (REACH Program) disabilities in regular high school (9-12) grades. Emphasis: community based age appropriate integrated learning instruction, vocational exploration and preparation, and transition to adult services.
	Pulaski Middle	1	2	2	Serving students who have moderate/severe/ profound handicapping conditions in regular elem. (4-5) grades. Emphasis on age appropriate integrated learning, community based activities and functional programming.
	Shue Middle	1	1	1	Serving students with moderate/ severe disabilities in a regular ed. middle school. Emphasis: integration into the regular ed. curriculum as appropriate. Additionally, programming includes functional, community based and vocational training.
	Palmer Elem	-	-	1	Regular elementary school (grades 4-6).
	Riverside ExtCare	-	-	1	Nursing home facility providing extended skilled care for patients. Student served in facility by Deaf-Blind Program/local school district.
Red Clay Consolidated	Mote Elementary	1	1	1	Serving students who have moderate/severe/ profound handicapping conditions and regular elem. (4-5) grades. Emphasis on age appropriate integrated learning, community base activities and functional programming.
	H.B.duPont Middle	2	1	-	Serving students who have moderate/severe/ profound handicapping conditions and regular middle (6-8) grades. Emphasis on age appropriate integrated learning, community based activities and functional programming.

School District	School	Number of Students 1993	1994	1995	Program Overview
Red Clay (Cont'd.)					
	Dickinson HS	-	1	2	Serving students who have moderate/severe/ profound handicapping conditions and regular high school (9-12) grades. Emphasis on community based age appropriate integrated learning instruction, vocational exploration and preparation, and transition to adult services.
Capital	Kent County Community School	6	7	7	Serving students who have severe/ profound and orthopedic disabilities. Attached to a regular middle school (5-6) with some mainstreaming activities.
	Homebound	1	1		Student currently served at home due to critical medical issues.
Caesar Rodney	Charlton	1	1	1	Serving students who have severe/ moderate disabilities (birth to 21 years). Emphasis on functional and vocational programming.
	Caesar Rodney HS			1	Regular high school (grades 9-12) education.
	Homebound			1	Student currently served at home due to critical medical issues.
Cape Henlopen	Harbor Healthcare	3	3	3	Serving children with multiple disabilities and extensive, long term health/medical care needs in a pediatric section of a nursing home.
Indian River	Howard T. Ennis	10	11	10	Serving students who have moderate/severe/ profound handicapping conditions. Emphasis on functional and vocational programming with home-based early intervention. Project Merge for increased integration in regular school settings, including two elementary sites, one high school site and one community college site. Transition to adult services provided.
	Sussex Central Middle	1	1		Regular middle school (6-8) grades.
	Sussex Central Senior HS			1	Regular high school (9-12) grades.
Seaford	Sussex Orthopedic Fac.			1	Serving students who have severe/profound disabilities.
	Seaford Middle	1			Regular middle school (6-8) grades.
	Seaford High	1	1	1	Regular high school (9-12) grades.

III. ACCOMPLISHMENTS, OUTCOMES, AND IMPACT

Federal Grant # HO 25A00001

As a result of this Project, the following accomplishments, outcomes and their impact occurred. The technical assistant and administrative assistant funded by this project were an integral part of providing and supporting these activities.

Accomplishments	Outcomes	Impact
Workshops/Inservice Trainings (See Evaluation Summaries in Appendix I)		
Team Building: Enhancing Interpersonal Skills September 1992 Presenters: Patricia Rachael, Janet Steveley HKNC, Washington, DC	• A more cohesive Interagency Team to deal with transition issues • Increased productivity at bi-monthly meeting, incorporating skills learned and shared	• Resolution to case study issues in a more cooperative manner, including shared problem-solving and shared responsibility for action-planning • Improved attendance and sustained membership
TRACES Regional Meeting October 1992 Tysons Corner, VA	• State Coordinator (new to the position) became familiar with role of national technical assistance and how to access TRACES • State Coordinator met and networked with other coordinators from Northeast and Central regions	• Collaboration with TRACES and other state projects around the following topics: • Educating children with significant health issues; Inclusion; Communication; Challenging Behavior
Project Director's Meeting October 1992 Tysons Corner, VA	• State Coordinator became familiar with the federal regulations, officers, and procedures re: this project • Resources for collaboration • Access to information regarding Demonstration Projects and other federal projects for addressing severe disabilities	Same as above.
Effective Techniques of Training Activities of Daily Living and Community Access Sterck School, Newark, Delaware January 20, 27, 1993 Presenter: Barbara Cherry (O&M Specialist)	• Statewide resource team trained to address requests for independent living skills technical assistance • Classroom staff and parents having adequate technical support to implement independent living programming	• Significant increase in students' IEP's reflecting independent living skills training in the classroom and at home • Collaboration of the Program with two adult service agencies providing services to graduating students
Strategic Planning Personnel Preparation (TRACES) February 7 - 8, 1993 Philadelphia, Pennsylvania Presenter: Dr. Bud Fredericks (TRACES)	• Action plan to identify personnel preparation programs and funding for training at the local and state level, including higher education/CSPD	• Program Director and Coordinator became CSPD Committee members (Project Director is CSPD Coordinator for DE) • Planning began for systematic training in collaboration with University of Delaware

Accomplishments	Outcomes	Impact
Utilization of Technology/Software for Students with Severe Disabilities Including Deaf-Blindness Baltimore, Maryland February 12, 1993 Presenters: Dr. Lewis Biggie, Mr. Gilbert Shifman Johns Hopkins University	• Staff (4) members trained to incorporate technology into students' programming (11 deaf-blind students served by staff) • Increased access for students who are deaf-blind to "computer class"	• Student programs incorporated more technology - increasing opportunities for communication • Increased emphasis on communication vs. inappropriate behavior • Students who are deaf-blind (11) had greater interaction with students with mild disabilities
Behavior Mgt. for Children with Disabilities Newark, Delaware August 23 - 26, 1993 Presenter: Stephen Colyer, Ph.D. Western Maryland College	• Action plans devised by teams serving students in 5 sites statewide to address specific behaviors • Basic review for 50 staff members regarding behavior modification techniques	• More consistent behavior management strategies utilized in 5 sites statewide. • Development of teaming strategies to address behavior issues
Functional Vision and Hearing Activities for Children with Deaf-Blindness Newark and Dover, Delaware September 21 - 24, 1993 Presenter: Joan Houghton (HKNC)	• Teams of teachers, administrators, health care providers, paraprofessionals and case managers who were serving children who are deaf-blind for the first time. They were given on site training and consultation to establish services in two new sites (serving 8 students)	• Quality planning and implementation of programs based on student specific technical assistance from experts in deaf-blindness
Independent Living Skills Training Newark, Delaware October 18-22, 1993 Presenter: Ruth Portonova (O&M Specialist)	• This training was a direct results of statewide staff training in Jan. 1993 and an identified need by the Interagency Team. • Community independent living providers were trained in beginning sign language and training techniques for consumers who are deaf-blind.	• Independent Living, Inc. contracted for additional sign language classes • With TA from this Project, as well as the Deaf/Blind Program, this agency committed to serve two consumers who are deaf-blind. (Both applicants decided not to participate)
Family Retreat - Ashland Nature Center Hockessin, Delaware October 30, 1993	• Approximately 10 families met and participated (for the first time) in leisure learning activities with adequate time, space and support staff • Parents were able to meet and share with other parents • Siblings met other siblings	• Evaluations indicated high satisfaction and a desire for other family activities to be planned • Inclusion of "Coordinator" and significant funding for family activities in next grant cycle (1995-99)

Accomplishments	Outcomes	Impact
TASH Conference Chicago, Illinois November 2 - 6, 1993	• Staff members (8) including administrators, classroom staff and support staff, serving students who are deaf-blind in 3 sites were able to attend sessions addressing inclusion and best practices • Networking between Statewide staff for support and technical assistance	• Seven students formerly placed with only other students who are deaf-blind placed in less restrictive classrooms • Statewide sharing of expertise, materials and follow-up site visits • Initiation of regular team meetings at two sites
Strategic Planning (TRACES) Regional Meeting Pittsburgh, Pennsylvania January 13 - 15, 1994	• Began the process of multi-state planning to maximize collaboration between states around common goals and objectives • Opportunity to become familiar with resources/ expertise available in various states • Manual identifying resources, key personnel, as well as goals and objectives of each regional state project for ready reference	• Collaboration with several states for personnel trainings on topics including health care issues, (New England Center/New Jersey), Challenging Behaviors (New York/New Jersey), and Inclusion (Vermont)
Project School Care (Statewide Meeting) Dover, Delaware February 24, 1994 Presenters: Dr. Lynn Haynie; Timeree Bierlee, RN Boston Children's Hospital	• Statewide task force of school nurses to address issues of serving children with critical health issues in schools • Implementation of health plans re targeted students • Commitment of participants to resolve issues across agencies, etc., to maximize services	• Statewide interest and commitment to address need and plan for including targeted students into local schools • High profile of students, formerly served in primarily medical settings
Project School Care Follow-up Site Visits Harbor Healthcare, Lewes, Delaware March 28 - 29, 1994 Presenters: Dr. Lynn Haynie; Timeree Bierlee, RN Boston Children's Hospital	• Health plans developed for targeted students • Training provided for health care facility providers, special and regular educators and administrators Transition plans established for four students to attend school part time	• Students have access to the community and age appropriate school settings with non disabled peers • Medical & educational staff now plan for all students together and incorporate health plans and school placement as critical elements of IEPs
Project ABLE Inservice Training Harbor Healthcare, Lewes, Delaware April 11 - 12, 1994 Presenter: Susan Bashinski University of Kansas	• Systematic means to collect information regarding students with the most significant disabilities • Evaluation of current programming • An objective assessment tool accessible to classroom staff/early intervention staff • Networking between agencies and states	• Incorporation of learning information into educational/residential/hospital programming • Sharing of resources and identification of key personnel within Delaware state agencies as well as in other states

Accomplishments	Outcomes	Impact
Project ABLE Follow-up Harbor Healthcare, Lewes, Delaware September 22 - 23, 1994 Presenter: Susan Bashinski University of Kansas	• Staff interpreted gathered information and incorporated this into programming • Some medications were changed for specific students	• Staff evaluation and site visits demonstrated a significant improvement in observation skills and changes in positioning, environment and materials planning • Students maintained a longer period of alertness, to maximize learning
Including the Child With Severe Disabilities in the Regular Education Classroom Dover, Delaware October 25, 1994 Presenter: Dr. Kathy Gee University of Kansas	• Training and support was given to twelve teams statewide serving approximately 30 students who are deaf-blind • Expanded creative thinking around programming issues	• Follow-up meetings and planning at the twelve sites to investigate inclusive opportunities in more segregated settings or increasing opportunities in integrated sites
Community Base Functional Curriculum Dover, Delaware October 26, 1994 Presenter: Dr. Kathy Gee University of Kansas	• Participating teams (12) action-planned to implement or improve programming in their individual sites • Revision of student IEPS/programs • Meetings scheduled with administrators at sites to implement community based programming	• More qualified staff to serve approximately 30 students who are deaf-blind • Programming that will impact students and families on a more systematic long term basis
Project Director's Meeting Washington, DC November 7 - 9, 1994	• Network of resources from other state/multi-state projects • Training for Project Director and State Coordinator relevant to responsibilities of project	• Efficient utilization of funds through interstate collaboration around common needs • Improved support from Project Director and State Coordinator for service providers and students with deaf-blindness statewide
Challenging Behaviors Team Training Newark, Delaware January 10 - 11, 1995 Presenters: Dr. Daniel Crimmons (West Cheater Institute for Human Development), Valhalla, New York Dr. Carol Gothelf (Jewish Guild f/t Blind), New York, New York	• Teams trained to address challenging behaviors in each of the 3 statewide counties - building local capacity. • Action plans to be addressed in follow up trainings • Staff trained to focus on behavior as communications	• Participants utilized a team approach regarding behavior issues vs. individual decisions determining interventions or modifications

Accomplishments	Outcomes	Impact
Enhancing Communication Through Daily Routines Wilmington and Lewes, Delaware February 23 - 24, 1995 Presenter: Dr. Kathleen Stremmel University of Southern Mississippi	• Team action planning to incorporate training information into students programs for schools/ residence • Increase team knowledge of key concepts of communication for children who are deaf-blind	• Communication systems established for 4 children in health care facilities • Cross training of other health care facility providers of key information about individual children's communication systems
Challenging Behaviors Team Training Newark, Delaware February 28, 1995 Presenters: Dr. Daniel Crimmons Dr. Carol Gothelf	• Staff trained to use a variety of assessment tools to gather information about targeted students. • Staff initiated meetings to collect and share information gathered.	• Staff utilized a systematic approach across several students to gather information and plan program changes and/or implement identified adaptation.
Enhancing Communication Through Daily Routines Follow-up Wilmington, Dover, Lewes, Delaware May 4 - 6, 1995 Presenter: Dr. Kathleen Stremmel	• Establishment of communication goals/objectives for upcoming IEP • Incorporation of touch cues into routes in, as well as acquiring and adapting materials for communication system	• Communicative objectives and programs incorporated into child's schedule, throughout his day and evening routines • Use of skills trained with students other than those targeted.
Challenging Behaviors Team Training Newark, Delaware May 23, 1995 Presenters: Dr. Daniel Crimmons Dr. Carol Gothelf	• Student program plans addressed communication vs. behavior • Team utilized strategies to address other students in their particular sites • Enhanced home/school communication	• Systematic data collection on 3 targeted students indicated positive changes in behavior • Follow through with several recommendations at home for 2 of 3 students • Three teams available statewide to address challenging behaviors in sites, other than own
Ushers Syndrome Screening (TRACES) Pittsburgh, Pennsylvania September 15 - 16, 1995 Presenter: Dr. Sandra Davenport, Developmental Pediatrician/Pediatric Geneticist Minnesota	• Action plan to begin process toward screening within Delaware • Increased knowledge about Ushers for Project Manager, Coordinator and Technical Assistant • Identification of key contacts nationally for resources and assistance in planning	• Initiation of a state plan to identify children and youth with Ushers Syndrome to ensure appropriate and adequate services

Accomplishments	Outcomes	Impact
Technical Assistance		
• **Staff Support** (See also Table 1 TA Summary, Page 18) - regular weekly on site visits by tech asst	• Establishment of monthly weekly team meetings at 4 statewide sites (serving 10 students) providing opportunity to focus on specific students' needs. • Problems expressed by team members were addressed immediately and ideas were shared among staff members • Weekly training sessions for staff members to develop competence in communication and developing functional activities for their students • Parents are communicating with their children incorporating touch cues, object cues and sign language	• Increased requests for team involvement from sites formerly not respective to tech assistance • Increase in follow-through on recommendations from team meetings and technical assistance
• **Family Support** - regular weekly home visits by tech assistant - interfacing with medical/other providers to help families understand needs, reports, etc.	• Parents gained better understanding of their children's conditions	• Parents are more confidence in planning appropriate activities for their children at home • Parents advocating for their children in asking questions and requesting services

Accomplishments	Outcomes	Impacts
Needs Assessments		
• **Staff Survey** (See Appendix II Staff Survey)	• Information for training, on site technical assistance and state resource team needs • Feedback regarding current delivery of services	• This survey was used to plan statewide resource team service delivery • Future Summer Institutes and on-site consultations were determined by this survey • Redesign of training in current grant ('95-'99)
• **Consumer/Family Survey** (See Appendix III Consumer/Family Survey) (in development)	• This survey is being developed in response to the interagency team's need to identify the statewide population of individuals who are deaf-blind (inclusive of those over 21 years of age).	• The interagency team intends to use this information to address common issues on a statewide level, possibly impacting systems changes • Advocate for individual's and family's needs (identified in the survey) not currently being addressed

Accomplishments	Outcomes	Impact
Family Activities		
• Family Retreat	• 53 persons attended (10 families and support staff) • Families received more info about DMR, DVI services • Responded to need for leisure outlet for families (with adequate support)	• Commitment of staff and funds on current grant (1995-99) to insure two yearly family learning/leisure activities
• Family Holiday Dinner (co-sponsored)	• Higher attendance at annual dinner sponsored by Parent Advocacy group	• Increase in membership of the Parents Advocacy Group

Accomplishments	Outcomes	Impact
Interagency Collaboration		
• **Cooperative Interagency Team** (See Appendix IV)	• State funding for 37 year old woman living in state institution to attend HKNC for ten month training • State funded on site training for state institution staff serving 9 individuals who are deaf-blind • Network of resources • Continue to address needs of individuals who are deaf-blind regarding transition issues • Increased membership/shared responsibilities	• Shared training opportunities • Higher state profile of needs of individuals who are deaf-blind • Increase in requests for case studies
• **Health Care Issues**	• Through TRACES and this project facilitated a statewide meeting and training to service children with significant medical issues in nursing home facilities and the educational settings throughout the state	• Joint state conference addressing this topic • Increased time in school/community environment for children residing in nursing home facility, including separate school classrooms, regular education classrooms and the local communities for approximately 10 students (including 3 who are deaf-blind) • High profile of this issue in State Dept. of Public Instruction and the State Medicaid offices

Accomplishments	Outcomes	Impact
• **University of Delaware** (See Appendix V)	• Planning for 1995-1999 systematic Summer Institute for 24 credits D/B - SD in education of students who are deaf-blind and other severe disabilities • The State Coordinator and Technical Assistant have been guest lecturers for classes in special education and infant/toddler programs.	• More qualified personnel to serve students who are deaf-blind including general/special educators, administrators, nurses, related service personnel, agency personnel interfacing with families and school system
• **Part H** (See Appendix VI)	• The State Coordinator meets monthly with Part H personnel and other birth mandate program reps to insure early identification and follow up for children who are entitled to birth mandated programs, including deaf-blindness. The State Coordinator also serves as service coordinator for identified infants who are deaf-blind and their families. The Technical Assistant provided through this Project provides support to individuals serving infants and toddlers as well as family members	• Early identification of children/programs eligible for services • Continuity of support for families of children who are deaf-blind throughout 0 - 21st years

DELAWARE PROGRAM FOR THE DEAF-BLIND

Table # 2

Technical Assistance Summary

M. Clare Walker

	Year 1 *10/1/92 - 9/30/93*	**Year 2** *10/1/93 - 9/30/94*	**Year 3** *10/1/94 - 9/30/95*
1) Home Intervention (training, consultation)			
# of students	3	3	8
# of interventions	33	38	70
2) Staff Training			
# of students impacted	12	15	20
# of sites	9	9	9
# of training sessions	50	46	54
3) Assessments/Evaluations			
# of evaluations	9	8	5
4) Agencies/Health Services Liaison			
# of students impacted	8	12	15
# of times	20	22	24
# of places involved	6	6	8
5) Team Meetings			
# of students impacted	21	24	30
# of meetings	30	38	55
# of sites	99	10	12
6) Interagency Team Meetings			
# of meetings	6	6	9

IV. EVALUATION

Technical assistance was provided as proposed. Each training activity was evaluated at its conclusion. Action plans and follow-up activities were critiqued and evaluated by the presenters with feedback provided to participants and Project staff. Satisfaction data was accumulated and disseminated to participants of specific activities. See Appendix I for summaries of evaluations. Changes in instructional strategies and IEP development were observed outcomes which had direct impact on students who are deaf-blind, their functioning in school, home and working environments. The latter was the main intent of the Project. Needs and challenges identified during the grant period have determined the priorities in the Program's present goals and activities as well as providing focus for the new proposed Project for the 1995-1999 grant cycle.

V. CONCLUSION

The Project (Grant #HO 25A 00001) was implemented in accordance with proposed plans and met the stated objectives. Delivery of technical assistance and training activities far surpassed the expectations, given such a small Project staff. It is evident that the technical assistance maintained the high quality and effectiveness which are a recognized feature of activities conducted by the Delaware Program for the Deaf-Blind. The Project was fully integrated into the Program which operates in cooperation and collaboration with numerous schools and various agencies to serve all of Delaware's students (infants, children and youth) who are deaf-blind. This integrated design ensures that the Project would and did have meaningful impact on the students and their service providers, including parents.

Despite the Project's success, it is apparent that the need for ongoing technical assistance for service providers will not decline. To meet the inevitable need for specific "state of the art" skills and training of new staff, inservice training activities must continue to be developed based on observed needs and staff input, and must be offered to all staff in each school, not just to those currently serving students who are deaf-blind. Vigilance must be maintained in the identification of potential future professionals among various staffs and in the community. Persons who demonstrate genuine interest and the personal and professional characteristics suited for the education of children and youth who are deaf-blind must continue to be invited to participate in training workshops, and other Program/Project activities.

The required services will vary for students across environments and transitions. In addition, needs expressed by parents are very diverse. Such activity and the distribution of a small population throughout the state make it difficult to maintain even a semblance of statewide activities for parents. The Program will continue to function with the philosophy that parents must be encouraged and supported as active participants in the IEP process and other activities at the instructional site(s). Parent training will continue to be a focus through Parent Learning Weekends, participation in staff training and on an individual basis through technical assistance.

Finally the Project delivered essential technical assistance which augmented direct services for Delaware's students who are deaf-blind. Identification of staff, family and agency needs during this Project have provided a strong foundation for Program staff to specify current objectives and to determine future directions for the Delaware Program for the Deaf Blind.

FURTHER INFORMATION

For further information:

Educational Resource Information Center

Office of Educational Research and Improvement

U.S. Department of Education

Washington, DC 20208-5720

(1-800-443-3742)

ASSURANCE STATEMENT

DELAWARE PROGRAM FOR THE DEAF-BLIND

This statement is assurance that copies of the final report of Federal Grant #HO 25A 00001, Technical Assistance to Service Providers for Deaf-Blind Children & Youth in Delaware, have been sent to ERIC and TRACES.

_____

Susanna Lee, Ed.D., Program Director

APPENDIX

I Evaluations

II Staff Survey

III Family Survey

IV Cooperative Interagency Team Information

V Summer Institute Planning

VI Part H - Referral/Service Coordination

APPENDIX I

Evaluations

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Understanding Behavior

PRESENTER: Stephen W. Colyer, Ph.D. **Date** August 23, 1993

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

20 survey participants

1.	**The organization of the workshop was:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		5	5	9			1		
2.	**The objectives of the workshop were:**	**Clearly Evident**							**Vague**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		5	7	5	2		1		
3.	**The work of the presenter was:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		4	6	7	1	1		1	
4.	**The ideas and activities presented were:**	**Very Interesting**							**Dull**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		4	5	5	4	1		1	
5.	**The scope (coverage) was:**	**Very Adequate**						**Inadequate**	
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		5	6	6	3				
6.	**My attendance at this workshop should prove:**	**Very Beneficial**					**No Benefit**		
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		4	9	1	3	2		1	
7.	**Overall, I consider this workshop:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		4	8	3	2	2		1	

8. **The stronger features of the workshop were:**

Examples; Good cross section of staff members present; In depth coverage considering time line, of behavioralism; Presenter's enthusiasm; Giving of specific examples of things like what rats prefer for reward; Dr. Colyer went over points several times from several angles and gave clear examples which helped me understand points; Practical uses of behavior modification in classrom - ways to measure and observe; Materials with more clarification. Workshop needs shorter hours; Breadth and depth of mateiral covered. (OVER

9. **The weaker features of the workshop were:** No administrators present so likelihood of implementation would be in doubt; Not enough time for multiple examples; Philosophical theories; The lecture was too high level for me; Lots of lecture; Too much psych jargon; Sometimes hard to follow if don't have that background; (1) Inappropriate use of foul language, crude (OVER)

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STRONGER FEATURES (CONT'D.)

Presenter able to read moods and adjust tone to group's needs; Discussion of examples, stress collection of data; Overview of behavior modification and relativity to kids we work with; OK for Psych 101 minus the foul language.

WEAKER FEATURES (CONT'D.)

vocabulary and examples in poor taste. Raunchy and condescending attitude. Unprofessional demeanor and presentation, (2) presenter used ridicule, cynicism and mockery to embarass student (audience) when they made comments that he didnot approve of or agree with, (3) day one was a rehash of alredy already known information. There were a few items of interest. Basically it was PSYCH 101. The presenter treated us like undersgraduate students. He would not answer direct questions, give examples or clarify sufficiently. He had a "patter" to say and did not even try to find out what we knew already.

This person was not a good choice for our staff needs. His person and attitude and choice of language was inappropriate. His language belongs in the gutter, not in a professional conference. Don't misunderstand, I can listen and learn information from someone who is a behaviorist - even if I am not - we need behavioral techniques and knowledge but I cannot tolerate the raunchy examples, vocabulary and attitude of S. Colyer. I found his presentation offensive. I was very disappointed.

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Classical Conditioning and Instrumental Learning

PRESENTER: Stephen W. Colyer, Ph.D. **Date** August 24, 1993

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

15 survey participants

1.	**The organization of the workshop was:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		2	9	4					
2.	**The objectives of the workshop were:**	**Clearly Evident**							**Vague**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		2	7	5	1				
3.	**The work of the presenter was:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		4	7	3	1				
4.	**The ideas and activities presented were:**	**Very Interesting**							**Dull**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		3	6	5	1				
5.	**The scope (coverage) was:**	**Very Adequate**						**Inadequate**	
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		5	3	7					
6.	**My attendance at this workshop should prove:**	**Very Beneficial**					**No Benefit**		
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		3	6	5	1				
7.	**Overall, I consider this workshop:**	**Excellent**							**Poor**
		7	**6**	**5**	**4**	**3**	**2**	**1**	
		3	6	5	1				

8. **The stronger features of the workshop were:**

The many examples given and restatement of principles, important points, was very helpful; Practical examples; Descriptions of classical vs. instrumental learning; Followed through on yesterday; Applying the information to classroom experiences. Having frequent, short breaks is very helpful; Practical examples, relating info to real life, knowledge of the presenter; Less theoretical than yesterday. More information directed toward classroom behavior; Information was terrific! The classroom examples are so helpful.

9. **The weaker features of the workshop were:** Periodic review would help a little more for new terminology; Presenters language is a bit crude and unnecessary; Too short; The amount of jargon used did not always mesh with terms usually used in education; Sometimes I felt like I wasn't sure how we got to where we were - probably my attention.

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Applied Behavior Modification: Case Studies

PRESENTER: Stephen W. Colyer, Ph.D. **Date** August 25, 1993

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

18 survey participants

1.	**The organization of the workshop was:**	**Excellent**							**Poor**
		7	6	5	4	3	2	1	
		8	5	4	1				
2.	**The objectives of the workshop were:**	**Clearly Evident**							**Vague**
		7	6	5	4	3	2	1	
		9	6	2	1				
3.	**The work of the presenter was:**	**Excellent**							**Poor**
		7	6	5	4	3	2	1	
		11	5	1	1				
4.	**The ideas and activities presented were:**	**Very Interesting**							**Dull**
		7	6	5	4	3	2	1	
		8	8	2					
5.	**The scope (coverage) was:**	**Very Adequate**							**Inadequate**
		7	6	5	4	3	2	1	
		11	4	3					
6.	**My attendance at this workshop should prove:**	**Very Beneficial**						**No Benefit**	
		7	6	5	4	3	2	1	
		10	5	2	1				
7.	**Overall, I consider this workshop:**	**Excellent**							**Poor**
		7	6	5	4	3	2	1	
		9	6	3					

8. **The stronger features of the workshop were:**

Ideas and applications became more evident; Having attended the first two days, I found this day much more understandable (it "came together". Working as a group on individual programs was both unifying and productive; Thorough overview of material and provision of case studies; Helping us analyze students' behavior by labeling clusters of behavior was very helpful Looking at individual students - showing how to look at target behaviors; He definitely got right to the heart of the matter. He was very thorough, (OVER

9. **The weaker features of the workshop were:** People not here on the first two days of the workshop expected to start with topics already covered - they did not have enough background info; People who didn't attend the other days didn't understand entirely what we were talking about; Disorientation of material due to bulk and depth; Use of jargon - some ideas unclear to those who didn't go to the earlier days - wish for more about consequences and reinforces; Conditions, hard chairs, cold and long; I understand that we had gotten behind - I wish we had had more time to focus on our students. Perhaps working more in groups would have saved some time; There weren't

STRONG POINTS (CONT'D.)

made me feel comfortable about asking questions and participating in the discussions; Discussing the actual kids and applying the theories to them; Made me feel comfortable; Learning how behavior management using models in the seminar; Doing the individual studies with our own kids hit home the points Dr. Colyer has made; Focusing on our kids is EXCELLENT; The speaker was very organized and clear in his responses and his presentation. He helped us see the behavior of our kids in a different light and also showed different ways toe valuate the kids. The speaker was the strong point;. Target behaviors and possible strategies became much more clear with Dr. Colyer's guidance; Interaction of presenter with staff present. Breaking down of the problems excellent. Discussions were very good; Mr. Colyer was "excellent". His presentation was clear, interesting, and very informative.

WEAKER POINTS (CONT'D.)

really any weak features. The workshop was very informative and interesting; There were not enough staff present.

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Management Program Planning

PRESENTER: Stephen W. Colyer, Ph.D. **Date** August 26, 1993

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

14 Participants

1.	The organization of the workshop was:	Excellent	7	6	5	4	3	2	Poor 1
			9	4	1				
2.	The objectives of the workshop were:	Clearly Evident	7	6	5	4	3	2	Vague 1
			11	2	1				
3.	The work of the presenter was:	Excellent	7	6	5	4	3	2	Poor 1
			11	2	1				
4.	The ideas and activities presented were:	Very Interesting	7	6	5	4	3	2	Dull 1
			12	2					
5.	The scope (coverage) was:	Very Adequate	7	6	5	4	3	2	Inadequate 1
			8	5	1				
6.	My attendance at this workshop should prove:	Very Beneficial	7	6	5	4	3	2	No Benefit 1
			10	4					
7.	Overall, I consider this workshop:	Excellent	7	6	5	4	3	2	Poor 1
			10	4					

8. **The stronger features of the workshop were:**

Hands-on is great. Examples are terrific; With an academic base, it is much easier to understand how behavior mod works and can be effective for our kids. Problem-solving was also effective - made us think; presenter; continued practice with kids we know; Best workshop ever. Should be required for all teachers and administrators in DE. Clear, concise, good examples, open to questions, informative, fun; A strong presenter and valuable ideas; Very helpful in planning programs; Examples given helped me understand concepts, (OVI

9. **The weaker features of the workshop were:** Had to repeat for people who came one day (although some repetition is good for learning); not enough time to write a full program on one kid; not long enough; That the entire staff didn't attend and participate; Should be required for whole staff, all 4 days should be required so everyone has same basis to discuss program planning, needs to be longer than 4 days

Continued Stronger Features

Information was presented in ascending manner, building on previous info discussed so it all eventually fit together; Relating the theory of the Behaviorist Management to cases the group was familiar with; The last two days were extremely helpful and insightful; Going over "real" kids and giving us food for thought.

DELAWARE PROGRAMS FOR THE HEARING IMPAIRED AND DEAF-BLIND

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COORDINATOR
STATE SERVICES FOR THE HEARING IMPAIRED
(302) 454-2105

Oct 2, 1993

SUMMARY

S U R V E Y - F A M I L Y D A Y

Please complete the following evaluation for the day to help us plan future events. Rate each item.

	Very Good	Good	Adequate	Needs Improvement	N/A
1. Programs					
A. Scavenger Hunt	4				15
B. Native American Program	7	2	1		6
C. Environmental Games	6	2			9
D. Native Wild Animals	13	1			5

Comments:

Wish we had better weather to do all activities.

2. Activities					
A. Scarecrow Stuffing	22	1			
B. T-shirt Painting	22	1			
C. Face Painting	23				
D. Pumpkin Painting	21				
E. Moon-walk	2			1	13
F. Singalong/Campfire	8	1			8

Comments:

Rained Out (Moon-walk), well organized, enthusiastic staff who were not afraid to interact with our kids.

3. Accommodations/Facilities					
A. Accessability	19	1			2
B. Trails	4	1			12
C. Rest Rooms	16	1		1	1
D. Changing Area	11			1	4
E. Activity Areas	18				1

Comments:

Wonderful day; plans perfect; children seemed so happy; great afternoon; well planned, interesting activities for all ages; wonderful food, facilities, great day; whole facility great, clean, loved it.

Planning for Children with Complex Health Needs in Educational Settings
Report to Cheryl Kennedy, Peggy Lashbrook

Event: Thursday 2/24/94 meeting
Dept. of Public Instruction, Dover, DE

Attendees:

Peggy Lashbrook- Coordinator, Delaware Program for Children w Deaf/Blindness
Martha Brooks-Team Leader, DPI, Exceptional Children
John Kreitzer- Principal, Cape Henlopen Consortium
Carol Barlow- Teacher for Harbor Healthcare students
Andrea Lipchak- Speech and Language Therapy
Lucy Sturmfelz- RN for consortium
Diane Mc Alister-Asst. Principal, Sussex Elementary School
Nancy Wilson- DE Part H program
Zeke Allinson- DPI, Medicaid cost recovery
Dave Michalik- EPSTD, Medicaid
Dee Lewis- DMR Case Manager
Lee Swift- Asst. Program Administrator, DMR/Omnibus Budget Reconciliation Act
Susanna Lee- Director, Statewide Programs for Hearing Impair and Deaf-Blind
Jonathon Schulz-Riverside Extended Care Pavillion
Andrea Rinehart-Admissions, Riverside Extended Care Pavillio
Sue Mitchell- Dir. of Nursing, Riverside Extended Care Pavillion
Jerry Petrof- New Jersey Deaf/Blind Program
Cecelia Vetra- Parent
Cathy Shevelick- DE Parent Info Center
Edith Vincent- Nursing Supervisor, DPI
Joyce Pinkett, Medicaid
Gail Whalen, Medicaid (Long Term Care, Disabled Children's Eligibility)
Judy Wheeler-Asst. Director of Nursing, Harbor Healthcare
Terry O'Neal- Social Services , Harbor Healthcare
Lee Horn- Dir. of Nursing, Harbor Healthcare
Diane Riley- Intake, Harbor Healthcare

Tasks that resulted:

People will be on a mailing list coming from Peggy's office.
People will receive minutes of today's meeting.
People will receive updates on the progress of the collaboration process developed between Cape Henlopen school district staff and Harbor Healthcare staff.
Afternoon meeting with representatives from Cape Henlopen School District an Harbor Healthcare. Discussed plans to remeet March 28 & 29 at Harbor Healthc John Kreitzer and Lee Horn will ask their staff about specific content for t days. Planning for four children living at Harbor Healthcare to attend schoo programs in Cape Henlopen school district will be the focus. Family of those children will be invited to attend and participate.

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Goals:

Gather together service providers and family representatives that will interface with students with deaf-blindness and other significant health concerns.

Listen to and ask questions about the Project School Care model as it exists in Massachusetts.

Share information about what each service provider offers to students and families.

Begin thinking about a statewide systematic approach and framework for collaboration and planning when students with significant health needs transition from one education program to another (i.e. Birth- 3 services to precschool services, or the transition from a nursing home setting into a public school setting).

Continue to support and enact the philosophies of all the above agencies in concert with families.

Impact:

1. Began a roundtable discussion of service providers and families of children with significant health needs on a statewide level.
2. Began a discussion of how services can be more coordinated.
3. Innovative, creative and flexible reimbursement mechanisms were discussed and will continue to be discussed.
4. More children with deaf-blindness and other complex health needs will experience enriched emotional, educational, and social opportunities in their immediate community due to safe, comprehensive, individualized health and educational planning.
5. Specific to number 4, facilitate entry into community school settir for children residing at Harbor Healthcare.
6. Families will continue to participate in as many facets of their child's health and education treatment plans they are able.
7. New information about the strengths and functional abilities of children living in healthcare settings can be obtained and documented.
8. Education, health, vocational, developmental. and social goals will continue to be evaluated at least twice a year.
9. Families will hear about and participate in an array of educational and social opportunities for their child.
10. Service provider professionals will begin to identify their training, inservice, and support needs in relation to working with children with deaf/ blindness and other complex health needs.

Possible effects on programming for Harbor Healthcare and Cape Henlopen

Length of school day considerations
Physical adaptations to school building
Transportation mode, staffing, training
Who administers medication? Medication side effects- implications for school schedule, test schedule, special events & activities
Who does health procedures? When?

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Equipment storage
Time needed for team planning
Communication mechanisms (journals, phone, meetings..)
Inservices for teaching and health staff
Times to review Health Care Plan with teaching staff
Awareness sessions for peers
List of health resource people
Emergency Planning, Community Services aware
Field trip considerations
Back up plans (subtitute RN's, teachers, therapists, aides)

Long range goals and recommendations for:

Local level-	To be further explored at the March 28,29 meeting at Harbor Healthcare
State level-	Develop a standardized referral and transition model for children with complex health conditions into community school programs Integrate pre- and post- professional training of educators, health, social service providers Make attempts to sort through various funding streams by standardizing qualification criteria and allow funding to follow the child rather than families needing to search out the funding
Systems change-	Appoint a consistent interagency working group to promote and evaluate the standardized model Meeting at least three times a year to discuss state level changes being considered/implemented

Submitted by Marilynn Haynie, MD
Timaree Bierle, RN, BSN
Project School Care
Children's Hospital, Boston MA

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
adapted from
Earl McCallon, Ph.D

PLEASE COMPLETE EVALUATION FOR EACH DAY.

4 responses

WORKSHOP NAME: Project School Care Follow-up Site Visits

PRESENTER: Dr. Lynn Haynie; Timeree Bierlee, RN **Date** March 28-29, 1994

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

1. The pre-meeting information was: Very Helpful ... Poor
   7 6 5 4 3 2 1
   3 1
2. The organization of the meeting was: Excellent ... Poor
   7 6 5 4 3 2 1
   3 1
3. The outcomes of the meeting were: Clearly Evident ... Vague
   7 6 5 4 3 2 1
   2 1 1
4. The work of the presented was: Excellent ... Poor
   7 6 5 4 3 2 1
   3 1
5. The process used was: Very Beneficial ... No Benefit
   7 6 5 4 3 2 1
   2 2
6. The content was: Very Clear ... Unclear
   7 6 5 4 3 2 1
   2 2
7. The scope was: Very Adequate ... Inadequate
   7 6 5 4 3 2 1
   2 2
8. The accommodations were: Very Adequate ... Inadequate
   7 6 5 4 3 2 1
   4

COMMENTS:

1. Do you have comments or suggestions about how to use this information at your site, school or agency:

"The workshop was very clear and made many gains in planning the programs for these children; The info is important for all sites throughout the state for staff inservice on general information. Follow-up could come as sites request planning around individual children, possibly coordinated by CSPD and nursing staff; The need to work as a team with medical staff and school administrators was very evident and rewarding, the hand-outs and manual as resources will be beneficial as I participate in programs at a variety of schools"

2. What impact do you anticipate this meeting will have on your delivery of services for individuals who have complex health care needs?

"The project School Care format is very helpful in planning and organizing both discussion and implementation of the plan. Therefore, it facilitates the transition of these children into the school system; This process will impact any students I encounter throughout the state, whether they are currently in school, home or residential setting. Info I learned will be school, home or residential setting. Info I learned will be used, in some capacity with at least one half of my students (20); My role as a therapy consultant may be less impacted at this time than others at the meeting as a child is usually placed at a site before I intervene. Once placed at a site I serve as providing support for the classroom programming; As plans are put into place as discussed at this meeting the transition into the school system should go smoother."

3. What would you change about the process used for this meeting?

"Nothing. Timaree was fantastic as a facilitator which really helped the group to keep a focus; I liked the specified focus on working on specific cases and devoting enough time to each to really accomplish something as a team - please continue; None; Timaree was a very good facilitator. She was able to keep the group on track and to continue through the planning process. On suggestion would be to have a scheduled break every two hours which would help to keep the participants at their best"

4. What information from this meeting did you find the most useful?

"The note book was very clear on procedures with nice pictures and diagrams, also the checklist helps to organize and make the planning very thorough. Finally, the organization resources, contact list was wonderful to identify the exact people involved as to be a new source to us in communication and expectations. I was more of an observer of this process as an occupational therapy students, however, it was a great experience to be able to broaden my knowledge of other's perspectives from the educating nursing and therapist participants. I agree with the statement that Timaree made that it would be a good idea to get students involved in this process, nursing as well as OT because this is a growing area that all professions will be involved if not already; Planning for individual student's plans to move into school; Awareness of all the environmental considerations revolving around medical and physical safety issues, awareness for development of guidelines, procedures/policies regarding medical/safety issues and ethical/legal issues; It was very helpful to have the medical staff available to discuss health status of the students as we planned transition into the school system. The meetings were helpful for setting wheels in motion."

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
adapted from
Earl McCallon, Ph.D

PLEASE COMPLETE EVALUATION FOR EACH DAY.

13 responses

WORKSHOP NAME: Behavior States of Students with Severe and Profound Disabilities

PRESENTER: Susan Bashinski **Date** April 11-12, 1994

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

1. The pre-inservice information was:	Very Helpful 7 6 5 4 3 2 1 Poor	6 4 2 1
2. The organization of the inservice was:	Excellent 7 6 5 4 3 2 1 Poor	3 5 3 2
3. The outcomes of the inservice were:	Clearly Evident 7 6 5 4 3 2 1 Vague	6 6 1
4. The work of the presented was:	Excellent 7 6 5 4 3 2 1 Poor	8 4 1
5. The process used was:	Very Beneficial 7 6 5 4 3 2 1 No Benefit	8 4 1
6. The ideas/activities were:	Very Interesting 7 6 5 4 3 2 1 Dull	7 4 1 1
7. The scope was:	Adequate 7 6 5 4 3 2 1 Inadequate	4 7 1 1
8. I obtained knowledge & skills I can use now.	Definitely 7 6 5 4 3 2 1 Never Use	6 3 3 1
9. My attendance at this inservice should prove:	Very Beneficial 7 6 5 4 3 2 1 No Benefit	7 3 1 1
10. Overall I consider this workshop:	Very Beneficial 7 6 5 4 3 2 1 No Benefit	8 3 1 1

COMMENTS:

1. How do you anticipate utilizing this information at your site, school or with other agencies?

"We hope to use the behavior state/environmental variable information to assess our students and more effectively program for them; Due to the nature of my job it would be very difficult to utilize the information of the inservice - I do not work directly with the children I serve on a daily basis (and neither do others within my agency); This will be a helpful tool in determining our population's behavior states and modifying the environment and treatment approaches in maximizing their functional levels; I will be training other staff members to use ABLE and will be assessing students with it beginning next school year; I will share this information with school sites, A.I. duPont Children's Nursing Home facilities (2)

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serving children. I'll share information at interagency meeting/ARC, CSPD and DD Council statewide; Work as D/B team to collect data on challenging students - need to coordinate and support staff at various sites, med's and environment analysis useful in variety of settings, method of data collection also adaptable to a variety of situations; The information gained will be most valuable in the evaluation of our students who are deaf-blind; Anticipate using the protocol periodically in my classroom; Plan to select one child for observation series; many sections of the ABLE manual helpful independent of the program; inservice helped develop observation skills; Present information to teachers as adjunct in evaluation and program planning for students with whom I work; present information to administration to make them more aware of the need to assess in this way; I hope to use the ABLE on all of the children I serve at Harbor Healthcare."

2. What impact do you anticipate information from this inservice training will have on your delivery of services for individuals and their families who have complex health care needs?

"This will impact quality of school services and family intervention for 90% of my students (38); As each student is assessed, our services will become more individualized and student specific; This information will improve the quality of services we provide; Hopefully, information obtained from ABLE will help coordinate services and supply a documented basis for initiating changes; Documentation to demonstrate programming needs of children; I think I will definitely become a better observer; The information from this inservice may provide me with additional knowledge of the students learning modes; Makes me critically analyze child's reactions and their association with classroom/learning environments, better able to make positive suggestions for program changes to promote desired responses from students; Hopefully we will be better able to program for these children; With some very involved children it could be very helpful"

3. What information from this inservice training session did you find the most useful?

The system is highly structured and data collection is crucial. This will require careful observation and interaction with students. Info clearly will be helpful to address program planning and adult behavior; The actual "coding" and the discussions that followed; The listing of drugs, medications and their side effects, the chart used to list a clients medication, facilitative techniques; Identifying the behavior states and considering the many variables which effects our children's functional levels; Training with the videotapes, then group review of class responses was most useful; Knowing that there is a system to document effects of environmental changes with low functioning students, would have liked 3 days - more time to explore computer applications - still need some further clarification of some states as they relate to the activities in which a child is engaged; Overall, it was a wonderful workshop I think, the whole evaluation package will be great for our students; Identifying he learning behavior states; Manual has many valuable sections, time to share with other professionals, computer program and procedure for developing program changes will be helpful; Most immediately useful are sections on medication and nutrition, behavioral analysis will require more time and refinement; All of the information was extremely interesting and hopefully will be useful to me as I continue to work with students with severe/profound disabilities."

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Including the Child with Severe Disabilities and/or Deaf-Blindness in the Regular Education Curriculum

PRESENTER: Dr. Kathleen Gee **Date** October 25, 1994

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

31 survey participants

1.	The organization of the workshop was:	Excellent							Poor
		7	6	5	4	3	2	1	
		10	17	4					
2.	The objectives of the workshop were:	Clearly Evident							Vague
		7	6	5	4	3	2	1	
		10	15	3	1	1	1		
3.	The work of the presenter was:	Excellent							Poor
		7	6	5	4	3	2	1	
		13	13	5					
4.	The ideas and activities presented were:	Very Interesting							Dull
		7	6	5	4	3	2	1	
		9	12	9	1				
5.	The scope (coverage) was:	Very Adequate							Inadequate
		7	6	5	4	3	2	1	
		9	14	6	2				
6.	My attendance at this workshop should prove:	Very Beneficial							No Benefit
		7	6	5	4	3	2	1	
		8	13	7	3				
7.	Overall, I consider this workshop:	7	6	5	4	3	2	1	
		Excellent 9	14	5	3				Poor

8. How will my attendance at this workshop impact my work?
"Add options to current programming; provide information and responses to professionals and colleagues; information will be beneficial to regular education teachers in helping them adjust and accept students with special needs in their classroom; I intend to work more toward full inclusion as opposed to an integrated curriculum; some really workable ideas to incorporate into our "inclusive" situations; New ideas and strategies for working with students in inclusive settings; good ideas mentioned/listed for inclusion; gave me more insight on how to address spec needs in a more functional way to benefit the spec needs student, also really think about justifications for inclusion and enabling me to think of arguments in favor of all spec children to be included; this workshop will enable me to think of not only looking at the related arts classes but at all the other classes that my student could take part in and get something out of; better understanding of how to include the deaf/blind students I work with into the classroom curriculum of the teachers at the school I work at; I'm not sure state wide we are

to fund skills within the community such as eating in a fast food restaurant, etc., also looking for assistance in IEP writing skills; will help develop functional community-based instruction, would like more detailed info; it's given me some ideas for IWRP planning and ways of looking outside the traditional training sites; it gave me ideas for changes that I want to help promote at our school; provide additional resources; need to target students for inclusion and push for follow through; give me info and access to info for the population I work with and ideas; give me ideas to take back to my class; hope I will be able to start looking at contexts first then development of IEP objectives".

What features of this workshop were most beneficial? "All; getting into the futures planning, we could use more working in groups and group discussions also; just the overall approach and not any one feature; the brainstorming, videos and handouts; M.A.P.S. and explanation on how inclusion is being used in schools, I also benefitted from the quality of life issues; overall I feel the whole workshop will benefit me in all areas of my job; having handout packet to follow and take notes; Dr. Gee was wonderfully engaging - she expertly presented us with a comprehensive view of Functional community based instruction - I felt like a 'sparkler' the entire day, each bit of information either connected with a personal experience or 'sparked' an idea for possible programming in my setting, I found the video on person centered planning especially enlightening, thank you for providing such an exceptionally useful workshop; videos, slides to show models at work; this is a wonderful introduction as to what a functional community based instructional program is and some of the ways it can be implemented into our educational program; gave framework for developing instruction, a great introductory course, I would like to learn more - especially transitioning from intermediate to junior high situation; lecture and group activities were better than the slides, the first video was fair, the second was good; future planning and action plan and how I can apply that to transition planning for our student; videos and handouts (potential resources); last part video with deaf/blind; format to organize action plans; outstanding presenter, catching enthusiasm; discussion about inclusion".

Will you share information received from this workshop with co-workers, other service providers, clients, families and students? (Circle all that apply)

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
developed by
Earl McCallon, Ph.D.

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: Functional Community-Based Instruction

PRESENTER: Dr. Kathleen Gee Date October 26, 1994

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

22 Participants in survey

1.	The organization of the workshop was:	Excellent	(7) 13	(6) 6	(5) 2	(4) 1	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident	(7) 11	(6) 6	(5) 3	(4) 2	3	2	Vague 1
3.	The work of the presenter was:	Excellent	(7) 17	(6) 4	5	(4) 1	3	2	Poor 1
4.	The ideas and activities presented were:	Very Interesting	(7) 15	(6) 4	(5) 3	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate	(7) 10	(6) 9	(5) 3	4	3	2	Inadequate 1
6.	My attendance at this workshop should prove:	Very Beneficial	(7) 5	(6) 11	(5) 4	(4) 2	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent	(7) 11	(6) 8	(5) 2	(4) 1	3	2	Poor 1

8. How will my attendance at this workshop impact my work?
"A different yet important and meaningful view, new ideas and how to's - a rejuvenation of mind; I hope it will provide betters ways of discussing how community in part but not all of student's days; help my awareness of functional community based instruction, I am not a teacher; I now have more ideas in how to include my students more into curriculum at our Level IV school (even though they have multiple handicaps); I gained incentive and ideas on how to work from an integrated setting to inclusion; I have a refreshed view in many areas with a new outlook and new expectations; many tools I can use to better plan for my students!, we could really use Kathy to help Ennis staff team between programs to better provide integration within our building; I will surely be looking and continually seeking creative and normal settings in which to work on our educational goals and objectives, I will also continue in my role as 'social agent', with renewed vigor!; try to achieve a more integrated approach, try to involve parents more in planning; I'm in need of information on logistics and policies that have been developed in addition to aide responsibilities and the district's responsibility

stuck even if we agree with the philosophy; reinforce my integration efforts; affirms attitudes/ideas I have re: inclusion, supplies some additional ideas for structuring inclusion; supplies some additional ideas for structuring inclusion, may make it more difficult to work within "old model" constraints, reminded me of useful strategies I'd forgotten - peer interaction training, community notebooks; I am not sure at this time; will help to implement inclusion within our building; it should enable me to better prepare regular education to accept students with disabilities within their classrooms; will assist me in understanding the educational process of children with disabilities; by integrating my students more with higher functioning students; as a general education teacher involved in the inclusion process, I have learned many strategies and have had others reinforced regarding my classroom operations; gives me a better insight into how administration does not help with inclusion, supervisors and superintendents need to be at this type workshop - only then will it get filtered down and implemented easier; I will continue in my efforts to collaborate; it will allow me to use inclusion strategies in my general ed classroom to benefit my blind student; reinforced studies previously read; more acceptance of the impaired students, continued frustration; help collaborate with teachers hearing their problems; be able to use info learned here in the classroom, change my overall view; I will have more information to work with, be more open minded about inclusion, and also learn better ways to adapt my students."

What features of this workshop were most beneficial? "Overall strategies provided; techniques, strategies, handouts; I could really appreciate the team planning and curriculum organization forms; curriculum adaptation; ideas for action plans and how to develop strategies for student in regular class; inclusion ideas - we hear so much about it, but how do we do it??!; everything - this workshop showed great planning experience and knowledge of inclusion, this is a workshop that should be a requirement for all aspects of persons in education; the fact that we no longer have to do things for others without thinking that the student comes first and the student has a right to be part of the 'normal' school setting; brainstorming in the groups; she got to some actual nuts and bolts of how to work with very severe kids; sharing materials; time to share with other professionals; lecture, worksheets, 'brainstorming sessions'; historical background filled in 'holes' in my perceptions of what has been tried, action plan forms and and processes helpful; my increased understanding of inclusion is most obvious benefit; group work in developing actual strategies; discussion and sharing opportunities; video ideas from presenter and peers; working as a team in writing inclusion objectives IEP writing; video; I was reaffirmed in my belief in collaboration and integration; strategies for planning across the curriculum; for 'severe' kids - lots of help - we're just beginning, some were looking for more specific 'how-to's' - our district has made little effort in this area; lacked practical applications for my specific situations - deaf student; chart info on class structuring; group work handouts; group work/handouts - some of info presented."

Will you share information received from this workshop with co-workers, other service providers, clients, families and students? (Circle all that apply)

EVALUATION SUMMARY (17 responses)

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
adapted from
Earl McCallon, Ph.D

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: CHALLENGING BEHAVIORS - TEAM TRAINING

PRESENTER: Dr. Daniel Crimmins, Dr. Carol Gothelf **DATE:** January 11, 1995

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

1. The organization of the workshop was: Excellent Poor
   7 6 5 4 3 2 1
   13 3 1
2. The objectives of the workshop were: Clearly Evident Vague
   7 6 5 4 3 2 1
   13 3 1
3. The work of the presenter was: Excellent Poor
   7 6 5 4 3 2 1
   13 3 1
4. The ideas and activities presented were: Very Interesting Dull
   7 6 5 4 3 2 1
   12 5 1 1
5. The scope (coverage) was: Very Adequate Inadequate
   7 6 5 4 3 2 1
   7 5 2 1
6. My attendance at this workshop should prove: Very Beneficial No Benefit
   7 6 5 4 3 2 1
   1 3 1 1
7. Overall, I consider this workshop: Excellent Poor
   7 6 5 4 3 2 1
   1 5 1 1

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8. How will my attendance at this workshop impact my work?

"The Workshop helped me to understand why the child might exhibit certain aggressive behaviors and how we can change her daily activities to help extinguish them. Also we learned that we need to come up with more ways for her to use communication and independence...Great process to work with as a team, appreciate the idea of follow-up together...This workshop will impact my work through my response to challenging behaviors in severely mentally and physically challenged students...My attendance at the workshop will assist in my helping to find other motivators for a student with several self injurious behaviors and how to prevent them since I am her special education teacher. This workshop will help me hopefully gain insight and be more effective...It was good to focus, as a team on the challenging behaviors of one student using the motivational assessment as a starting point. This

experience provides the framework for working with other students/individuals with challenging behaviors...It will give me new ideas and a different approach. It will also give the team direction and will help with follow-up assessment...I will think more specifically of how to include more communication opportunities into daily routines and provide activities to increase greater independence...Very beneficial in working with specific students with behavior problems. Presenters had some excellent ideas on expanding present tasks...Help analyze and modify behaviors of kids in school...Behavior specialist...More school team members are now acquainted with some of the same materials and info and we can use this system or parts with many kids...I work with a student whose behavioral problems impact not only on her learning but also on her ability to work in the community. Many ideas were present to choose from and, more importantly, resource material and avenues to follow were offered...The specific outcomes developed to try with one student are very beneficial and will hopefully make this student's program more valuable. Additionally, the evaluation process will hopefully help to program for other students...Hopefully I will be able to work with the teams in the various situations as another member of the team in working with these children. Hopefully this will help s all to be mire effective...Dealing on a daily basis with students exhibiting challenging behaviors. This workshop provided many tools necessary for gaining focal point and perspective on student behaviors."

9. What features of this workshop were most beneficial?

"Breaking into groups and working on one specific child who we come in contact with daily...The knowledge and skills of the presenters...The problems of each student presented and ideas especially pertaining to the student from our school...Actually focusing on the individual student...To focus on one child's behavior with my Co-workers etc., to clarify and address needs and plan together...Answering questions on worksheets that led to answers. Gave direction to thought process...The team planning...Team discussion...Great to work with team with time to focus on issues and not have to fit into short meeting times at school...I felt that the open discussion about specific students was very beneficial. I also felt that the presenters brought a great deal of experience and knowledge of students with complex behaviors...The foundation for their strategies is also possible to follow away from this setting...The observation and subsequent suggestions from objective observers is extremely beneficial. The Motivational Assessment and other forms are great...The time to break into small groups to focus on a particular child...Hands on work with team, tools and assessment ideas provided."

Will you share information received from this workshop with co-workers, other service providers, clients, families and students? (Circle all that apply).

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TRACES PROJECT
February, 1995
Lewes, Delaware

SATISFACTION/IMPACT EVALUATION RESULTS

Instructions: Please circle the number which best expresses your reaction to each of the items listed below.

	N	Mean
1. The organization of the workshop was:	7	5.6
2. The outcomes of the workshop were:	7	6.3
3. Action Planning Sessions:	7	6.8
4. The use of the videotape was:	7	6.8
5. I obtained knowledge and skills I can use right away:	7	6.8
6. My attendance at this institute should prove:	7	6.4
7. Overall, I consider this institute:	7	6.6
TOTALS:	**49**	**6.6**

COMMENTS

1. **What impact do you anticipate information from this institute will have on students and their families?**

- It should give staff ideas for working with the other children in the group on communication as well
- Extremely beneficial and more effort will be made from all team members to implement communication strategies with our students
- I feel I can learn to work with the other staff members as a whole team. The children will benefit
- In due time we will work better as a whole complete team. We've learned to communicate with each other better things for the children will be more unified.
- The information shared today will help everyone consistently share skills towards helping the children be more independent.

- Improve communication skills and increase my demand on the children
- I think if everybody follows the "touch cues" the children will learn what different things are (e.g.., bathtime, clothes)
- The student will now have more opportunities to communicate simple needs wants. As well as the staff being more aware of how to communicate to the student via cues(physical object)

2. What content information and/or activity did you find the most useful?

- The medical staff here seemed to have appreciate being included . Hopefully more collaboration can be feasible now.
- It is always beneficial when we the extended team receive the same information it would be wonderful if "for once" we could agree or what we heard
- As much as I would like to believe we will work together I find it hard. Today we found out that we just don't communicate.
- We will work more closely together and report findings of new things that we have observed
- It was shared it takes a team of everyone to most benefit the children in decision making over there care.
- Anticipate a future medical and educational team meeting collaborating on communication cues.
- I will start communicating with other staff and make sure they know and do the same cues as us. Hopefully we will continue talking to each other for the benefit of the child.
- The team had not been communicating effectively in regard to how and what they are doing with each child. Therefore a "team" could be better organized.

3. Do you feel a need to receive follow-up technical assistance on your action plans?

6/7 YES

1/7 NO

4. If you answered Yes to preceding questions please select one of the following types of technical assistance you are interested in receiving.

4/7 1. Small group discussion (small group problem solving, idea sharing, talking about an issue with the consultant

___ 2. Feedback (consultant giving you information on your implementation of strategies)

___ 3. Micro-teaching (videotape yourself as you implement strategies for consultant feedback)

2/7 4. Demonstration/modeling (consultant showing group how to do something)

EVALUATION SUMMARY (7 responses)

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
adapted from
Earl McCallon, Ph.D

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: CHALLENGING BEHAVIORS - TEAM TRAINING Follow-up

PRESENTER: Dr. Daniel Crimmins, Dr. Carol Gothelf **DATE:** February 28,1995

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

1. The organization of the workshop was: Excellent Poor
   7 6 5 4 3 2 1
   2 2 3
2. The objectives of the workshop were: Clearly Evident Vague
   7 6 5 4 3 2 1
   1 2 3 1
3. The work of the presenter was: Excellent Poor
   7 6 5 4 3 2 1
   1 4 1 1
4. The ideas and activities presented were: Very Interesting Dull
   7 6 5 4 3 2 1
   2 2 2 1
5. The scope (coverage) was: Very Adequate Inadequate
   7 6 5 4 3 2 1
   1 2 2 2
6. My attendance at this workshop should prove: Very Beneficial No Benefit
   7 6 5 4 3 2 1
   1 4 1 1
7. Overall, I consider this workshop: Excellent Poor
   7 6 5 4 3 2 1
   1 4 1 1

---

8. How will my attendance at this workshop impact my work?

"Hopefully will give me broader idea base for implementing behavior programs for difficult behavior.....It will help me to work with other students.....I work with a deaf-blind student who functions at a low mental level. Because of her limited language, she cannot always express what she wants, needs or doesn't want. Thus behavior is a problem.....This workshop will hopefully help me to have new ideas and ways to redirect this student in my class who self abuses.....Working on skills with one of my students as a subject makes project more meaningful.....Gives a new slant.....I know what was presented and can back it up when I visit students at various sites....."

9. What features of this workshop were most beneficial?

"Applying techniques to real problems and getting "one to one" guidance from workshop leaders.....The overall presentation and access or knowledge that help is available.....Reasons or ideas how to redirect this student's behavior.....The fact we had teams from so many different sites....."

Will you share information received from this workshop with co-workers, other service providers, clients, families and students? (Circle all that apply).

7 3

1 3 1

EVALUATION SUMMARY (12 responses)

DELAWARE PROGRAM FOR THE DEAF-BLIND
WORKSHOP EVALUATION SCALE
adapted from
Earl McCallon, Ph.D

PLEASE COMPLETE EVALUATION FOR EACH DAY.

WORKSHOP NAME: CHALLENGING BEHAVIORS - TEAM TRAINING Follow-Up

PRESENTER: Dr. Daniel Crimmins, Dr. Carol Gothelf **DATE:** May 23, 1995

INSTRUCTIONS - To determine whether or not the workshop met your needs and our objectives, please give us your honest opinion on the design, presentation, and value of this workshop. Circle the number which best expresses your reaction to each of the items below and write any comments.

1. The organization of the workshop was: Excellent Poor
   7 6 5 4 3 2 1
   2 6 3 1
2. The objectives of the workshop were: Clearly Evident Vague
   7 6 5 4 3 2 1
   4 4 3 1
3. The work of the presenter was: Excellent Poor
   7 6 5 4 3 2 1
   3 6 2 1
4. The ideas and activities presented were: Very Interesting Dull
   7 6 5 4 3 2 1
   2 5 4 1
5. The scope (coverage) was: Very Adequate Inadequate
   7 6 5 4 3 2 1
   1 7 2 2
6. My attendance at this workshop should prove: Very Beneficial No Benefit
   7 6 5 4 3 2 1
7. Overall, I consider this workshop: Excellent Poor
   7 6 5 4 3 2 1
   5 2 4 1

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8. How will my attendance at this workshop impact my work?

"Through this workshop I was given some ideas as to how to deal with questions related to behavior and programming needs of students that usually come up as I work with individuals with special needs - provide 'focus' as we plan for these students"; "Helps me to look at the situation and issues from a different perspective - Having to report out over a period of time keeps us focused and directed"; "The information and data gathered on this student will hopefully help us to help reduce the SIB behavior"; "Not sure - it gives me a lot to think about that I want to pass on to other sites"; "Presents a structure to use in various settings for various behaviors. It also presented references if needed"; "My attendance at this workshop will have a positive impact on my work. I have a better understanding of students with challenging behaviors"; "It gave me a different perspective on motivations for behavior, compliance, who

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needs control, substituting behaviors, etc. It also reinforced some of the things I already know"; "Related to real issues and how we can develop strategies for resolutions"; "I will have a better foundation for dealing with challenging behaviors -being able to apply new resources, ideas and processes to a variety of children"; "This has given me new tools to look at behaviors and management and think about the interreltionship of language, learning style, social network...when considering behaviors"; "Reviewing 'case-studies' from other programs helps to 'practice' objectivity in behavioral analysis and moving ahead. Because we are all at different 'levels' of programming (i.e. some more able to have flexibility and attain support), it is difficult to relate. The workshop has helped to raise awareness of each child's need to make choices"; "Whole team is focused on specific issues that need to be addressed. Different communication approaches have been added that I will utilize. On a personal note, I feel some of (foul) language used was not really appropriate for a large group meeting. I also feel that meditation and yoga should not be options given".

9. What features of this workshop were most beneficial?

"Discussion on 'issues', 'recommendations' and 'follow-up information'"; "Meeting several times with time to implement and assess"; "Ideas from other people and presenters"; "Today - seeing where the groups had gotten"; "The data sheets, assessment forms and methods for deal with whatever may occur anytime there is a valued inference, it is helpful"; "I have learned positive strategies to implement a change in behavior"; "The case/team work experience"; "Working as building teams, having follow-up through the year"; "team work with one on one consulting"; "Opportunity to work as a team with my co-workers"; "Philosophical/best practices. Presenters seem to have differing view points on some issues. Sometimes confusing. Unprofessional use of language (slang)"; "Discussion in small group of our specific child. I think another beneficial thing would have been more time in classroom/home than in large group discussion".

Will you share information received from this workshop with co-workers, other service providers, clients, families and students? (Circle all that apply).

APPENDIX II

Staff Survey

DELAWARE PROGRAM FOR CHILDREN WITH DEAF/BLINDNESS

STAFF SURVEY

Current Services

Check services you currently receive from the Delaware Program for Children with Deaf/Blindness.

_____ Site visits by resource team (how often_____)

_____ Assessment/evaluation

_____ Adaptations of materials/equipment

_____ Classroom resource material/equipment

_____ Related Services (please note: D=direct; C=consult)

- _____ Physical Therapy
- _____ Orientation & Mobility
- _____ Braille
- _____ Speech/Language
- _____ Occupational Therapy
- _____ Assistive Technology

_____ Mailings from Statewide Program

_____ Parent/family support for students

_____ Program planning

_____ Resources related to best practices (literature, videos, etc....)

_____ Access/funding to workshops, trainings, etc.

_____ Contacts/referral for community resources

_____ Telephone/written contact with team members

_____ Participation in meetings (Team, IEP, Programming/ Health Issues)

_____ Medical appointments/follow-up for student/family

_____ Liaison with regular education/building administration

_____ Student specific training/consultation
Be specific:_____
_____

What did you find most helpful?_____
_____
_____

Were you satisfied with your services? _____yes; _____no

If no, how could we improve delivery of these services in the future?_____
_____
_____

TECHNICAL ASSISTANCE NEEDS

Please check topics you would like support in for the '94-'95 school year:

_____ Information about parent group

_____ Resource materials

Specify_____
_____

_____ Assessment

_____ Evaluation

_____ Community resources information
Specify_____
_____

_____ Student specific programs
- _____ feeding
- _____ behavior
- _____ impact of deaf/blindness
- _____ orientation and mobility
- _____ communication
- _____ curriculum
- _____ positioning
- _____ transition
- _____ family support
- _____ teaming
- _____ other _____
  _____
  _____

_____ Staff Development (workshop, training)

Topic Suggestions:
_____ assistive technology
_____ inclusion
_____ functional curriculum
_____ general info on deaf/blindness
_____ communication systems
_____ visual/auditory processes
_____ orientation & mobility
_____ other suggestions

_____
_____
_____

FUTURE PLANNING

To assist us in meeting your identified needs, please respond to the following:

Is there a time you would prefer to have team visits?
_____ a.m.
_____ p.m.
_____ doesn't matter

Frequency of team visits (beyond what is noted on IEP).

_____ based on requested need
Routine visits:
_____ 1 time/week
_____ 1 time/month
_____ 2 times/month
_____ other - specify time _____

Composition of visiting team you are most comfortable working with?

_____ 1 person
_____ 2 or more people
_____ determined by identified need

Any additional comments:_____
_____
_____

Please return these as soon as posssible to Peggy Lashbrook in the enclosed self addressed envelope. Thank you so much for your help!

NAME_____SITE_____

APPENDIX III

Family Survey

FAMILY SURVEY

The **Deaf-Blind Interagency Advisory Team** is extremely interested in the needs of individuals with deaf-blindness in the State of Delaware. We would like your family to complete this survey to help us determine services needed in the State. There is a stamped envelope enclosed for easy return. Thank you for your time.

Members from the Advisory Team will be calling each family as a follow up to the survey. Should you have any questions about the Advisory team or services, you can ask the caller at that time.

NAME of individual with deaf-blindness:

AGE: **SEX** Circle One: MALE or FEMALE

COUNTY OF RESIDENCE
Circle One: New Castle Kent Sussex

EDUCATION EXPERIENCE
Name of School(up to 21) _____
Training Program/College(over 18)_____

SERVICE AGENCIES(please list agencies under the two titles)
Agencies Using Now Agencies Used Before

WHAT DO YOU NEED NOW?? Check all that apply:

Housing(where to live)	Training in Daily Living Skills
Life Planning(what do I do?)	Job Training
Transportation	Communication Training
Changing Behavior(Discipline)	Psychological Services
Orientation and Mobility	Physical Therapy
Recreational Help	Medical Help
Information on Medicaid	Community Involvement
Educational planning	Equipment
Information on Social Security	Information on Home Health Services
Information on developing a will	Information on Guardianship
Help finding a Job	Information on Vocational Rehab help

NOW: PLEASE PUT A 1, 2, 3 BY YOUR THREE MOST IMPORTANT NEEDS
Others(please list)

Who completed the survey? Name
Relationship of Individual with deaf-blindness

Please return this survey to us as soon as possible. Please use the stamped return envelope enclosed in this letter. Thank you again for helping us with the information.

APPENDIX IV

Cooperative Interagency Team Information

COOPERATIVE INTERAGENCY TEAM FOR DELAWAREANS WITH DEAF-BLINDNESS

Ms. Peggy Lashbrook
Coordinator
Delaware Program f/t Deaf -Blind

Dr. Susanna Lee
Director
Delaware Program for the Deaf, Hard of Hearing and Deaf-Blind

Ms. Clare Walker
Technical Assistant
Delaware Program for the Deaf-Blind

Ms. Diane Post, Director
Division for the Visually Impaired
Biggs Bldg., 1901 N. DuPont Highway
New Castle, DE 19720

Ms. Nina Galerstein
Dept. Voc. Rehab., Stockley Center
Rte. 1, Box 1000
Georgetown, DE 19947

Ms. Kathy Hanebutt, Coordinator
Kent Vo Tech ILC
100 Dennys Road
Dover, DE 19901

Ms. Ada Watson
Division of Visually Impaired
Casework Supervisor
1901 N. DuPont Highway
New Castle, DE 19720

Dr. Cherritta Matthews, State Supervisor
Department of Public Instruction
Exceptional Children Program
Townsend Bldg, ,Box 1402
Dover, DE 19901

Mr. Dominic Squittiere
Delaware Autistic Program
Brennan Drive, Newark
CHRISTINA SCHOOL DISTRICT

Ms. Helen Harper, DVI
Biggs Bldg, DHSS Campus
1901 N. DuPont Highway
New Castle, DE 19720

Ms. Sandi Hanley
Delaware Elwyn Institute
321 E. 11th Street
Wilmington, DE 19801

Ms. Margaret Haas, CMRP
McMullen Bldg., #7, Stockley Center
R.D. 1, Box 1000
Georgetown, DE 19947

Ms. Susan Pfadt, Behavior Analyst
Community Mental Retardation Program
Hudson Center, 501 Ogletown Road
Newark, DE, 19713

Ms. Abby Swider, DVR
Suite 3304-Bldg. 3
Drummond Plaza Office Park
Newark, DE 19711

Ms. Loretta Sarro
Office for the Deaf
Delaware Elwyn Institute
321 E. 11th Street, 4th Floor
Wilmington, DE 19801

Ms. Cynthia Ingraham, Rep
HKNC, Suite 100
6801 Kenilworth Avenue
Riverdale, MD 20737

Ms. Janet Stevely, Program Associate
Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050

Ms. Tracey Connolly
DVR State Coordinator for the Deaf
Delaware Elwyn Institute
321 E. 11th Street, 4th Floor
Wilmington, DE 19801

Ms. Joan Nagowski
2402 Maxwellton Road
Wilmington, DE 19804

Mr. Tom Underwood
385 Paul Drive
Smyrna, DE 19977

Ms. Barbara Cook
204 Green Giant Road
Townsend, DE 19734

Ms. Shirley Meadows
107 N. Hunter Forge Road
Newark, DE 19713

Ms. Ellen E. Patterson
841 Reybold Drive
New Castle, DE 19720

VISION STATEMENT

All citizens with deaf-blindness are valued, contributing members of their community; leading lives filled with choice, dignity, and respect. This would include choosing where to live, where to work, and how to spend leisure time, as well as choice of friends and to access necessary support services.

MISSION STATEMENT

The mission of this team is to:

* Establish and maintain representation of consumers, family members, community members and agencies;
* To develop action plans based on individual requests;
* Develop and utilize strategies to facilitate delivery of support services.
* To increase and maintain visibility of the Team and its vision.

SHORT TERM GOALS

* Joint conference (to be recognized as a statewide interagency group).
* Consumer input through surveys.
* Identify population with whom we should be working.
* Increase consumer memberships and awareness of this Teams mission.

LONG TERM GOALS

* Continue to work in interagency team.
* Keep team abreast of current literature , professional workshops, seminars, and materials.
* Support members (and organizations they represent), individual endeavors.

APPENDIX V

Summer Institute Planning

TRACES PROJECT - TA Agreement Form

SFY	REG	TA #	STATE	INV #	FFY
5	1	02	DE	01	5

Project/Program/Person: Peggy Lashbrook

TA Content: Severe Disabilities/Impact of Sensory Impairments

Anticipated Impact: Increased number of qualified personnel (i.e., regular/special educators, families, agency personnel, and community providers in cooperation with UAP at the University of Delaware)

TA Format: Workshop/On-site Consultation

TA Consultant (s) Joan Houghton & Janet Stevely

OUTCOMES	ACTIVITIES	TIMELINES	RESPONSIBLE PARTY
1. Summer institute held which focuses on the Impact of Sensory Impairments.	1a. Two conference calls are conducted to plan, review and discuss personnel preparation objectives funded in the DE-D/B application.	November 1995	1a/b. 1st conference call - C. Kennedy, P. Lashbrook, J. Houghton
	1b. Rough draft of a 3 credit course outline is submitted to UAP/Dept. Chair for approval by Peg Lashbrook.	December 1995	2nd conference call - S. Lee, P. Lashbrook, J. Houghton, J. Stevely C. Kennedy.
	1c. Two-day planning meeting is conducted to plan outcomes, evaluation plan, follow-up plan and develop application process for selection of participants.	December 16, 95	1b. Joan Houghton
	1d. Twenty to twenty-five participants selected to attend institute	January 1995	1c. Cheryl, Peg, Sue, Joan, Janet
		June 1995 to August 1995	1d. Peggy Lashbrook
2. Quality program planning and appropriate IEP objectives developed.	2a. Participants develop action plans based on development revisions to students IEP's during the institute.	August 1995	Participants
3. Collaboration between regular/special education, agency and community provides parrells increased access to more inclusive settings in home communities.	3. Quarterly crackerbarrel follow-up sessions to the summer institute provided by D/B statewide team. Sessions include: a. Review of ICP goals (pre/post) b. Review of data collected regarding inclusion in regular education settings (i.e., number/type of peer contacts, degree of classroom participation, recommendations from team meetings).	October 1995 to 1996	Peggy Lashbrook Joan, Cheryl & Peggy (develop pre/post measures). Peg collect the data. Joan, Cheryl and Peg analyze the data.

72

Signature: _____ Date: _____
(TRACES Regional Coordinator)

Signature: Margaret M Lashbrook Date: 11/2/95 73
(Grantee/State Coordinator)

BEST COPY AVAILABLE

APPENDIX VI

Part II - Referral/Service Coordination

Referral and service coordination assignment procedures for children who are potentially eligible for both Part H and Part B under IDEA

Children in Delaware who are deaf/hard-of-hearing, visually impaired, deaf/blind or autistic can be entitled to FAPE (free, appropriate public education) from birth (called Birth Mandate) under Part B. These children can also entitled between the ages of birth to 36 months) to Part H early intervention services. The following delineates the procedures to follow in referrals and service coordination assignment for such children.

1. The Child Development WATCH Central Intake in New Castle County (800-671-0050) and in Kent and Sussex Counties (800-752-9393) will make and receive referrals with the Statewide Coordinators of Deaf and Deaf/Blind services, the DVI Principal, the DAP Coordinator and Principals. These persons will keep Child Development WATCH Central Intake apprised of service coordination assignments.

   a. For children who have a documented diagnosis of a hearing loss and a visual impairment, referrals are through the Coordinator of Statewide Services for Deaf/Blind Children at 454-2305. The Statewide Coordinator will assign a service coordinator.

   b. For children who have a documented diagnosis of a hearing loss, referrals are through the Coordinator of Statewide Services for Deaf and Hard-of-Hearing children at 454-2305. The Statewide Coordinator will assign a service coordinator.

   c. For children who have a suspected diagnosis of a visual impairment, referrals are through either the upstate (577-3333) or downstate (422-1570) office of the Division for the Visually Impaired (DVI). The DVI Child/Youth Counselor in either office will become the service coordinator for those students with only a visual impairment.

   d. Children for whom the educational classification of autism is being considered are referred to the Delaware Autistic Program (DAP). The DAP Coordinator will work with the school districts and Child Development Watch and assign the service coordinator for students who are educationally classified as autistic. Referrals as made as follows:

      **In New Castle County, referrals for Colonial and Red Clay School Districts are made directly to the Autistic Program through the DAP Coordinator at 454-2202. Christina school district receives initial referrals through the Child Find Coordinator at 454-2274; as does Brandywine at 479-1617

      **Kent County referrals are made directly to the Principal of Charlton School (697-3103).

      **Sussex County referrals are made directly to the Principal of the Sussex Consortium (645-7210).

2. All interagency team members and other staff should inform Central Intake when a child is identified as having one of the above diagnoses or educational classifications. The Child Development WATCH Clinic Managers, in turn, will contact the appropriate Statewide Coordinator, DVI office, DAP Coordinator or Principal when a child is identified as potentially eligible for a birth mandate program.

3. Whenever a professional in a Birth Mandate program identifies a child as potentially Part H eligible, a phone referral will be made to Central Intake. The DPI Liaison will serve as initial point of contact to the Part H Program. When appropriate as determined jointly by the Part H Clinic Manager and the Birth Mandate Program Coordinator or Principal, a service coordinator will be named as Part H consultant to the Birth Mandate Program for that child.

4. Children who have any of the above diagnoses or educational classifications and other disabling conditions or delays are included in this referral process. Such children often will have begun receiving service coordination through the Part H Program. Until the child's eligibility under a particular Birth Mandate Program is determined, the Part H service coordinator will continue to serve as service coordinator. Once eligibility under the Part B program is established, a decision will be made jointly by the Part H Clinic Manager and the Birth Mandate Program Coordinator or Principal regarding the assignment of a Birth Mandate service coordinator and a Part H consultant.